

APPLICATION FOR PROPERTY TAX REDUCTION FOR 2005

ALL OF THE FOLLOWING QUESTIONS MUST BE COMPLETED. ATTACH SUPPORTING DOCUMENTS.

County	Code Area	Parcel Number
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PLEASE NOTE:
THIS APPLICATION IS NO LONGER VALID.
PLEASE CHECK BACK AFTER JANUARY 1, 2006 FOR THE PROPERTY TAX REDUCTION APPLICATION FOR 2006.

<p>2. Social Security Number (Claimant) _____ Social Security Number (Spouse) _____</p> <p>3. Birth Date (Claimant) _____ Birth Date (Spouse) _____</p> <p>4. Telephone Number _____</p> <p>5. As of January 1, 2005, I was (check only if applicable) <input type="checkbox"/> Married <input type="checkbox"/> Widow(er)/Not remarried</p> <p>6. Physical address of the property if different than Block 1 _____</p> <p>7. Are you a new applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you receive a Property Tax Reduction in 2004? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. If you live in a mobile home, do you own the land? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Have you filed a claim on a different primary residence between January 1, 2005 and now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you occupy your home as your primary residence before April 15, 2005? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you or your spouse stay in a care facility in 2004? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Do you receive rental income for all or any part of this property? <i>(If yes, please attach a copy of your rental agreement.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Is any portion of this property used for commercial use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. This year will you or your spouse file: Federal Income Tax Return (If yes, please attach a copy. <input type="checkbox"/> Yes <input type="checkbox"/> No If your tax information is incomplete, please contact your county assessor for instructions on completing this form.) State Income Tax Return (Which State? _____) <input type="checkbox"/> Yes <input type="checkbox"/> No Idaho Grocery Credit Form _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. I grant permission to any government agency and contractor to confirm my status and to reveal to the Idaho State Tax Commission the total monetary payments made to me or my spouse during 2004. (Choose one) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Under penalty of perjury, I certify that to the best of my knowledge the information I have provided here is true, correct, and complete.</i></p> <p>Claimant(s) _____ Date _____</p> <p>Signature(s) and Relationship _____ Telephone Number _____</p>	<p>B. As of January 1, 2005, I was (check all that apply)</p> <p><input type="checkbox"/> 65 or older <input type="checkbox"/> Blind <input type="checkbox"/> Former P.O.W. <input type="checkbox"/> Fatherless or Motherless Minor</p> <p><input type="checkbox"/> Widow(er): Spouse Name _____ Date of Death _____</p> <p><input type="checkbox"/> Veteran 10-30% Service-connected disability</p> <p><input type="checkbox"/> Veteran 40-100% Service-connected disability</p> <p><input type="checkbox"/> Veteran Nonservice-connected disability with pension</p> <p>Recognized disabled: Soc. Sec. Adm. <input type="checkbox"/> Fed. Civil Svc. <input type="checkbox"/> R/R Retirement <input type="checkbox"/></p> <p>C. Household Income and Qualified Expenses January 1 - December 31, 2004</p> <p>1. Federal Adjusted Gross Income \$ _____ Extension filed <input type="checkbox"/></p> <p>2. Social Security Income (Claimant) \$ _____</p> <p>3. Social Security Income (Spouse) \$ _____</p> <p>4. S.S.I. (Claimant) \$ _____</p> <p>5. S.S.I. (Spouse) \$ _____</p> <p>6. Pensions, Retirements, Annuities, and IRA's not included on line 1..... \$ _____</p> <p>7. VA Pension or Compensation \$ _____</p> <p>8. Interest (Bank, Escrow, Dividends, etc) Taxable and Nontaxable not included on line 1 \$ _____</p> <p>9. Railroad Retirement not included on line 1 .. \$ _____</p> <p>10. Other income not included on line 1 (Received from.....) \$ _____</p> <p>11. Subtotal (add lines 1 through 10) \$ _____</p> <p>12. Capital Gains only if included on line 1 \$ (_____)</p> <p>13. Total of non-reimbursed paid medical expenses and medical insurance premiums \$ (_____)</p> <p>14. Total of paid or prepaid funeral expenses <i>(Attach receipt - amount cannot exceed \$5,000.)</i> \$ (_____)</p> <p>15. Total Net Income \$ _____</p> <p>D. FOR COUNTY USE ONLY</p> <p>Verification of Partial Ownership: I _____ County Assessor or Deputy Assessor certify that _____ Name of Claimant is a partial owner (excluding community interest) with _____% ownership in this property and the Property Tax Reduction benefits only apply to the claimant's portion of the net taxable value.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1. Approved and verified by Assessor or Deputy Assessor:</td> <td style="width:30%;">2. Date:</td> </tr> </table> <p>3. Tax reduction not to exceed:</p> <p><i>The following section should be completed if the claimant is receiving benefits on a prorated taxable value:</i></p> <p>4. Land taxable value (one acre or less) \$ _____</p> <p>5. Improvement(s) full value (one residence) \$ _____</p> <p>6. Homeowner's exemption \$ (_____)</p> <p>7. Net taxable (lines (4+5) - 6) \$ _____</p> <p style="text-align: center;">WHITE-TAX COMMISSION YELLOW - ASSESSOR PINK - CLAIMANT</p>	1. Approved and verified by Assessor or Deputy Assessor:	2. Date:
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**RETURN TO YOUR COUNTY ASSESSOR BY
APRIL 15, 2005**